

SERIAL NUMBER	FILING DATE	CLASS	GROUP ART UNIT	ATTORNEY DOCKET NO.
09/393,023	09/09/99	435	1643	PF-200

  

APPLICANT	PAUL S. MEISSNER, BARNESVILLE, MD; TIMOTHY A. COLEMAN, GAITHERSBURG, MD.
	<b>**CONTINUING DOMESTIC DATA*****</b> VERIFIED  
	<b>**371 (NAT'L STAGE) DATA*****</b> VERIFIED  
	<b>**FOREIGN APPLICATIONS*****</b> VERIFIED  
IF REQUIRED, FOREIGN FILING LICENSE GRANTED 09/27/99	

  

Foreign Priority claimed 35 USC 119 (a-d) conditions met	<input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after Allowance	STATE OR COUNTRY MD	SHEETS DRAWING 2	TOTAL CLAIMS 20	INDEPENDENT CLAIMS 3
Verified and Acknowledged Examiner's Initials _____ Initials _____					

  

ADDRESS	KENLEY K HOOVER ESQ HUMAN GENOME SCIENCES INC 9410 KEY WEST AVENUE ROCKVILLE MD 20850

  

TITLE	HUMAN CRIPTIN GROWTH FACTOR

  

FILING FEE RECEIVED  \$760	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT NO. _____ for the following:	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit
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## \*BIBDATASHEET\*

CONFIRMATION NO. 2146

Bib Data Sheet

SERIAL NUMBER 09/393,023	FILING DATE 09/09/1999  RULE	CLASS 435	GROUP ART UNIT 1647	ATTORNEY DOCKET NO. PF-200	
<p>APPLICANTS</p> <p>PAUL S. MEISSNER, BARNESVILLE, MD;</p> <p>TIMOTHY A. COLEMAN, GAITHERSBURG, MD;</p> <p>** CONTINUING DATA *****</p> <p>This application is a DIV of 08/471,371 06/06/1995 PAT 5,981,215</p> <p>** FOREIGN APPLICATIONS *****</p> <p>IF REQUIRED, FOREIGN FILING LICENSE GRANTED</p> <p>** 09/27/1999</p>					
Foreign Priority claimed <input type="checkbox"/> yes <input type="checkbox"/> no 35 USC 119 (a-d) conditions met <input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after Allowance Verified and Acknowledged _____ Examiner's Signature _____ Initials _____		STATE OR COUNTRY MD	SHEETS DRAWING 2	TOTAL CLAIMS 20	INDEPENDENT CLAIMS 3
ADDRESS 22195 HUMAN GENOME SCIENCES INC 9410 KEY WEST AVENUE ROCKVILLE, MD 20850					
TITLE HUMAN CRIPTIN GROWTH FACTOR					
FILING FEE  RECEIVED 2062	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:		<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees ( Filing ) <input type="checkbox"/> 1.17 Fees ( Processing Ext. of time ) <input type="checkbox"/> 1.18 Fees ( Issue ) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit		



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CONFIRMATION NO. 2146

<b>SERIAL NUMBER</b> 09/393,023	<b>FILING DATE</b> 09/09/1999 <b>RULE</b>	<b>CLASS</b>	<b>GROUP ART UNIT</b> 1646	<b>ATTORNEY DOCKET NO.</b> PF-200
<b>APPLICANTS</b> PAUL S. MEISSNER, BARNESVILLE, MD; TIMOTHY A. COLEMAN, GAITHERSBURG, MD;				
<b>** CONTINUING DATA *****</b> <u>CML</u> THIS APPLICATION IS A DIV OF 08/471,371 06/06/1995 PAT 5,981,215				
<b>** FOREIGN APPLICATIONS *****</b> <u>CML</u> <u>NONE</u>				
<b>IF REQUIRED, FOREIGN FILING LICENSE</b> <b>GRANTED ** 09/27/1999</b>				
Foreign Priority claimed <input type="checkbox"/> yes <input checked="" type="checkbox"/> no 35 USC 119 (a-d) conditions met <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after Allowance Verified and Acknowledged <u>AM</u> Examiner's Signature _____ Initials _____		<b>STATE OR COUNTRY</b> MD	<b>SHEETS DRAWING</b> 2	<b>TOTAL CLAIMS</b> 20
				<b>INDEPENDENT CLAIMS</b> 3
<b>ADDRESS</b> 22195				
<b>TITLE</b> HUMAN CRIPTIN GROWTH FACTOR				
<b>FILING FEE RECEIVED</b> 2062	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:		<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees ( Filing ) <input type="checkbox"/> 1.17 Fees ( Processing Ext. of time ) <input type="checkbox"/> 1.18 Fees ( Issue ) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit	